

HIGHLAND HEALTH & SOCIAL CARE GOVERNANCE COMMITTEE

Report by Committee Chair

The Board is asked to:

- **Note** that the Highland Health & Social Care Governance Committee met on Wednesday 27 April 2022 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:

Ann Clark, Board Non-Executive Director - In the Chair
Tim Allison, Director of Public Health
Louise Bussell, Chief Officer
Kate Dumigan, Staff Side Representative
Philip Macrae, Board Non-Executive Director
Joanne McCoy, Board Non-Executive Director
Cllr, Linda Munro, Highland Council
Julie Petch, Nurse Lead
Michael Simpson, Public/Patient Representative
Michelle Stevenson, Public/Patient Representative
Elaine Ward, Deputy Director of Finance
Neil Wright, Lead Doctor (GP)
Mhairi Wylie, Third Sector Representative

In Attendance:

Stephen Chase, Committee Administrator
Pam Cremin, Deputy Chief Officer, Community Services
Tara French, Head of Strategy for Health and Social Care
Megan Glass, HR Services
Gillian Grant, Interim Head of Commissioning
Arlene Johnstone, Head of Service, Health and Social Care
Tracy Ligema, Deputy Director of Operations
Fiona Malcolm, Head of Integration Adult Social Care, Highland Council
Jo McBain, Deputy Director for Allied Health Professionals
Jacqueline Paterson, Contracts Officer
Nathan Ware, Governance and Assurance Coordinator
Claire Watt, Project Manager, Health and Social Care

Apologies:

Deirdre, Mackay, Catriona Sinclair, Ian Thomson, Wendy Smith, Rhiannon Boydell, Boyd Robertson, Fiona Duncan.

Mhairi Wylie and Kate Dumigan had both noted they would join the meeting later.

1 WELCOME AND DECLARATIONS OF INTEREST

The Chair opened the meeting at 1pm, welcomed the attendees and advised them that the meeting was being recorded and would be publicly available to view for 12 months on the NHS website.

The meeting was quorate.

The Chair commented that the Board is continuing to advise a 'Governance Light' approach for the governance committees because of system pressures until this decision is reviewed by the Board at the end of May. The Chair expressed appreciation to all staff for their continued efforts under challenging conditions and gave apologies to the public for the service difficulties they may have experienced as a result.

The Chair noted that this was to have been D Mackay's final meeting with the committee before she steps down from the Board as elected Highland Council representative. The Chair and the committee thanked her for the experience and contribution she had brought to the work of the committee and wished her well in future endeavours.

J McCoy declared an interest as an employee of Highland Third Sector Interface because they are cited in the Third Sector report, but noted that as the report contents do not directly benefit her employer she considered the interest remote enough not to interfere with attendance at the meeting.

2 FINANCE

2.1 Year to Date Financial Position 2020/2021

[PP.1-6]

E Ward gave apologies to the committee for the late circulation of the report which was due to awaiting closure of 2021-22 financial year end activities and noted that figures in the report are subject to further accounting adjustments or changes as a result of External Audit scrutiny.

- NHS Highland are reporting a draft position of an underspend of £454,000 delivered against a backdrop of uncertainty around service delivery and funding throughout the year.
- The partnership has reported an overspend of just under £800,000 which reflects a worsening position largely due to the significant increase in the cost of care packages in the latter part of the year.
- There has been significant slippage in allocations received due to both recruitment challenges and lateness of allocations. In discussion with Scottish Government and Highland Council a flexible arrangement has been agreed whereby funding will be brokered across financial year end in a similar manner to that available for IJBs. This will lessen the impact of no COVID funding being available in 2022-23 and along with significant Scottish Government investment, will support the closure of the adult social care funding gap.
- Table 4 in the report will be updated once the year end position has been confirmed, but there is approximately £10.4m of non-recurring funding available for investment in 2022-23.
- Reports for 2022-23 will ensure the committee is cited on allocations, progress and spending implementation as previously discussed.
- NHS Highland is starting 2022-23 with a budget gap of £42.3m. With the planned cost improvement program of £26m this leaves a balance of £16.3m which is currently unfunded. Discussions with Scottish Government are progressing to minimise the position.
- Nationally, across all boards, there is a savings requirement of £640m and approximately £225m of savings have been identified to date.

In discussion, the following points were addressed by E Ward and L Bussell:

- It was noted that there was some interest in the positions advertised for the FME service but that the process may take some time to complete.
- There is no further information available about future settlements. Work is underway on the development of a 3-year Annual Operating Plan which is due to be submitted to government in July.
- Regarding the savings plan for Adult Social Care, the CO's team is working to identify schemes that can be developed to deliver savings targets with the PMO.
- With reference to the removal of the Joint Project Board and the HHSCC's role in scrutinising savings it was thought that there should be no significant change apart from the Adult Social Care savings programme which will be monitored through the PMO. The Finance Report to the committee will continue to provide savings updates.
- In terms of discussions within the Joint Officer Group regarding the investment of the non-recurring monies it was thought that by the next committee there will be a better sense of the direction to be taken, if not a final position on the key projects to be developed and changes to be made.
- The Chair noted that in spite of the challenges about the overall Board position there is good news that there is opportunity to develop investment to redesign and improve services.

After discussion, the Committee:	
• AGREED to accept moderate assurance from the report.	
• NOTED The progress on the delivery and planning of ASC savings.	

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 28 April 2021

[PP.7-20]

The draft Assurance Report from the meeting of the Committee held on 3 March 2022 was circulated prior to the meeting.

- The minutes were approved as an accurate reflection of the meeting.
- M Stevenson asked a question in relation to item 3.3 regarding Long COVID. This was picked up in item 3.3 below.
- L Bussell noted that she would provide an update to the Rolling Actions for S Chase after the meeting.

The Committee	
– Approved the Assurance Report.	

3.2 Matters Arising From Last Meeting

3.2.1 Adult Social Care Commissioned Services Fees Rates 2021-2022 [PP.12-37]

Follow up to item 3.7 from the meeting of 28 April 2021

G Grant noted that she had a Non-financial remote conflict of interest with regard to a Care Home provider. This had been discussed before the meeting with the Board Secretary, having previously declared the interest to the Fees Group. It was concluded that the interest does not impinge on the present matter because G Grant's role at the present meeting was only to present the outcome of the process, having already been seen by the Fees Group and presented to the Chief Officer and Director of Finance for their endorsement. This was accepted by the committee.

- G Grant gave an overview of the report noting that it gives recommendations for Adult Social Care fee rates for the financial year 2022-23. It was noted that in appendix 3 the National Care Home contract rate is higher than that identified in the proposed rate column. This is due to the fluid nature of information from Scottish Government. This

does not affect the calculations in the penultimate column. The corrected rate for nursing for 2022-23 is £832.10, and for residential Care £790.50

The committee was asked to discuss, consider, and agree the recommendations.

During discussion it was confirmed that

- The mandate referred to in section 4 (no. 5), is not specific to the 16 non-Care Home, non-standard contracts in Appendix 3 but that it is a more general mandate to enable the Fees Group to consider further requests as they arise between meetings of the HHSCC.
- It was confirmed that the changes to the proposed rate column in appendix 3 do not impact on the overall calculations.
- Regarding paragraph 3.3 (costs of proposals) all extra costs of non-salary related increases are covered by recurring allocations.
- M Simpson asked if consideration has been given to mileage allowance for Care At Home workers, noting the recent significant rise in fuel costs.
- G Grant confirmed that the uplift does not cover higher fuel costs but that additional work is ongoing to address matters such as fuel costs, and close dialogue is being had with the 22 Care At Home providers to see what measures can be put in place to help stabilise the workforce and release more capacity. It has been observed that the last two weeks have seen some Care At Home staff migrate to work in other areas within social care because of fuel costs.
- An additional concern is energy costs for Care Homes, where energy suppliers are reducing their support for the sector because of fear of non-payment of bills. This is a national matter of concern which has been raised by National Care and NHS Highland to Scottish Government. L Bussell noted that she has been in discussion with Scottish Government providing evidence of the challenges.
- With regard to any evidence of stabilisation as a result of the recent uplifts in salary costs and any other options that had been considered and rejected by the Fees Group, it was felt that implementing the £10.50 uplift in December 2021 had been crucial.
- A number of costings were considered for the different contract groups but these were thought unaffordable in terms of available resources. Further work is required to make care work more attractive and active discussions are continuing with providers about which factors will have most influence on recruitment and retention. Other considerations include stability of salaried work in the care home sector, shift structures, career structures and recognition of the value of care work.
- M Wylie noted the broader context of difficulties of recruitment in the community sector too, and that a lot of services are having to stretch ever further to keep up with demand (for example, Mental Health and Women’s services).
- The Chair suggested that Housing Support services could be usefully explored at a future meeting, noting its budget is twice the budget of Care at Home.

The Committee noted its thanks to the report authors for the substantial information in the report.

After discussion, the Committee:

- **Noted** items 1, 2 and 3
- **Agreed** item 4, appendices 2 and 3
- **Agreed** item 5. The Chief Officer confirmed support for the request in item 5 of the recommendations for a Fees Group mandate and the committee endorsed it on the basis that this mandate applies to issues arising between meetings of the HHSCC.

3.2.2 Adult Social Care Fees: Third Sector Process Update

Follow up to item 3.7 from the meeting of 28 April 2021

[PP.38-45]

It was noted that some members of the committee had received an earlier version of the paper. It was agreed that S Chase would circulate the newer 12-page version of the paper immediately after the meeting. The key difference between the versions was in appendix 2 which included a request for approval by the committee. In relation to that request key points from the appendix were highlighted and it was noted that:

- There have been ongoing conversations with three services that currently provide sensory care for NHS Highland. A deficit in some of the contracts in the past was acknowledged.
- The Lochaber provider is supplying more of a service than the money that has been provided under the previous grant award. The Third Sector Project Board recommended an uplift to £49,500 for the next 18 months while full tendering proceeds.
- Follow up meetings with two other sensory services providers will be had soon.

In discussion the following points were raised,

- A strategic review may be necessary to counteract rising costs and reduce the need for services to return to NHS Highland for additional funds, possibly at a point of potential service failure.
- Other providers are likely to be also supplying significantly more service than their original grants, and this may be an inherited historical issue on transfer from Highland Council. It was suggested there is a much wider problem than just with sensory services.
- Further to that point, an issue of fairness and parity was raised between the demands placed on Third Sector providers to justify increased overheads contrasted with internally funded NHS activities.
- In response members were reminded that NHS Highland had an annual efficiency savings target to meet.
- It was, however, acknowledged that there is a need to structure routine quarterly contract reviews to find out what Third Sector suppliers have been doing and how NHS Highland can better support them in order to build better working relationships. This is not to say this would result in an automatic uplift but that with more regular interaction planning can be improved.
- It was noted that some organisations will be growing and others contracting or moving into different areas and understanding this is key to providing effective support. This implies individual assessment of needs may be more effective than general uplifts across all organisations.
- M Wylie commented that internal NHS services usually experience some form of baseline increase each year, whereas the Third Sector has predominantly been working from a flat cash situation for a number of years. Current policy recognises that commissioning the Third Sector is not comparable to purchasing services from the private sector. Attitudes need to be challenged to address matters of equity.
- In conclusion, the Chair noted that the discussion raised a number of much broader issues about how the Third Sector is commissioned, including that it has not yet been possible to agree a set of objectives, outcomes and principles for the overall commissioning of over £50K organizations. She suggested that should the developing strategy for integrated services not be sufficiently advanced to inform the tendering exercises for the over 50k awards, an exercise similar to that for the under 50k awards with overarching objectives for the services to be commissioned from this budget should be developed in partnership with the sector.

After discussion, the Committee:	
<ul style="list-style-type: none"> - Agreed the proposal outlined in the paper, noting that further discussions are on-going as to how to deal with individual requests about unexpected increases in overhead costs. - Agreed an uplift to the Lochaber Sensory Care funding, noting that there are ongoing discussions in that area with the other two organizations. - Agreed that the CO will provide an update on the broader issues discussed at a later 	

date.

3.3 COVID-19 Overview Report

T Allison gave a short presentation which provided an overview of the current pandemic and the vaccinations programme.

- The overall COVID level has seen a very sharp decline over the last few weeks though it is back almost to autumn levels which can be attributed in part to changes in recording.
- Testing will still carry on within health and social care but cases will no longer be recorded as before.
- There are higher levels of COVID among young people, particularly women, which has had an affect on the workforce. There has also been a slight increase among the over 85s. COVID still poses a risk and there have been some admissions to hospital and intensive care.
- Uptake of dose three in the vaccination programme has been slower among the younger age groups. Performance over the last few weeks has been slow but steady for all age groups.
- Regarding an autumn booster campaign, the Joint Committee on Vaccination, Immunization and Scottish Government are due to announce plans soon. It is expected to follow along similar lines to the flu campaign, and is likely to be offered to the over 50s or over 65s, vulnerable groups, and health and social care staff.

In discussion, the committee raised the following points:

- J McCoy asked with regard to the Spring booster campaign if it is known what the furthest distance that anyone has been asked to travel has been and if consideration has been given to travel in relation to rising costs. T Allison noted that there have been some problems with invitation letters. Some have come via the national IT system, some have been local. Some problems have been related to issues around the Vaccination Transformation Program moving delivery from General Practice to Board provision. Figures as to the longest distances travelled were not available and work is under way to minimise travel especially for those less capable of independent travel.

T Allison had to leave the meeting at 1.33pm at which point L Bussell provided further responses relating to the Vaccination Strategy.

- L Bussell noted how responsibility for consideration of the Vaccine Strategy overlaps with the work of the Clinical Governance Committee and therefore it would be worth reflecting on the role of the HHSCC on this topic with particular regard for how the programme will impact upon, for example, district nurses and community services.

It was proposed that the next committee would feature an item on the vaccination strategy instead of a general COVID update with the aim of clarifying the committee's responsibilities, and providing assurance on matters of equity and access.

The Committee:

- **NOTED** the update and agreed that an item on the Committee's responsibilities regarding the Vaccination strategy and assurance on matters including equity of access would be included in the Workplan.

3.4 Care Homes Oversight Annual Assurance Report

The Chair commented that the report laid bare the additional workload placed upon services in relation to Scottish Government's requirements for additional support to care homes, and the impact of COVID on the sector.

G Grant noted that the core substance of the paper could be found in the appendix from p.50 of the collated reports. The intention is to provide assurance to the Committee of the work undertaken by the Care Home Oversight Group (CHOG). Several themes within the report have been reported previously in the Chief Officers report.

During discussion the following issues were raised,

- It was clarified that the recommendations in the appendix were for the CHOG and that the Committee were being asked to consider what assurance level they could take from the work of the CHOG.
- CHOG is a pan Highland group and Argyll and Bute IJB will consider if the recommendations are replicable, and the CO hopes to report back on its decision at the next HHSCC.
- M Simpson expressed concern that energy costs are not sustainable and asked how many homes would have to close before this was deemed a crisis. G Grant answered that Care Homes are experiencing the impact of these costs now. CHOG are in contact with Scottish Care who have been meeting with Scottish Government to keep everyone appraised. The aim is to keep good engagement with providers and keep on top of the financial situation with regular credit checks, and to learn from those homes which have closed to understand what the tipping points were.
- S Steer noted that this is an unprecedented situation with questions over the future of 8 care homes (246 beds).
- The CO paid tribute to the work of the team in keeping on top of the situation with each home and added that each situation and the supports available and provided are considered within their particular and differing individual context and circumstances.
- Discussion of appropriate levels of assurance was had and the Chair noted that a development session was to have been held to assist committee members with understanding the different levels of assurance before the Board announced its move to 'governance light' for committees. S Chase noted that he would circulate the Assurance Matrix to the committee after the meeting.
- In relation to mitigation of risks arising from the current challenging situation, G Grant noted the difficulties of maintaining a consistent workforce due to issues with agencies and staff absences due to Covid. The team have been holding oversight meetings to address arising issues (5-7 meetings a week, but recently scaled back to 3 a week). Pre-arrangements have been put in place to make sure that contingency planning is at the top of the agenda. Several sessions have been had with providers individually and workshop sessions held to help understand what the different contingencies would be with safety and mutual aid a priority.

The CO added her thanks to G Grant and her team for their work in the face of the current service pressures.

After discussion, the Committee:	
- Agreed to accept moderate assurance from the report.	

3.5 Chief Officer’s Report [PP.43-54]

The CO drew the committee’s attention to a matter not covered in the report which will be going to the next Clinical Governance Committee, concerning workforce challenges in all service areas, noting as an example the Tissue Viability service which is a small team but with a big impact on the wider service which has become more evident when recently hit by COVID-related staff shortages. This subject will be considered at the next meeting of the Clinical Governance Committee.

- Covid challenges are easing but system pressures and recruitment are still areas of high concern.

- Regarding the North Coast Redesign, L Bussell stated that she had been in discussion with local managers about the significant building work underway but also to work through planning for wider service delivery and community engagement work.
- The managers gave assurance to the CO that they have a number of options and ideas that they want to discuss with the community and are planning some engagement sessions over the next few months to this end.
- L Bussell invited M Simpson to discuss this area and its challenges in more detail outwith the meeting.
- M Simpson thanked L Bussell for her offer to speak with him about the North Coast Redesign and asked about plans for the Care Academy.
- L Bussell confirmed that there has been a hiatus in this work due to the pandemic but there are plans to re-energise this work.
- With regard to increases in Adult Support and Protection activities S Steer confirmed this reflected a national trend. Reasons included the increased stress on users and families due to the Pandemic.
- Work has been underway at a local level to bolster and improve Adult Support and Protection processes, procedures and infrastructure as a result of the inspection undertaken immediately before the pandemic. There are a number of specific case reviews underway that will drive up awareness. There is active discussion taking place within the Highland Health and Social Care Partnership and SLT with regard to increasing the level of Adult Support and Protection training in relation to mandatory and statutory training, and an audit of practices is taking place at the moment.
- L Bussell added that NHS Highland has committed to start regular induction slots for new people coming into the organization from June. This is in part a response to the recent Internal Audit of Statutory and Mandatory Training.

After discussion, the Committee:	
---	--

- | | |
|--|--|
| <ul style="list-style-type: none"> • NOTED the report. | |
|--|--|

4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Annual Work Plan

[PP.55-56]

The Chair noted that the governance committees are still in 'Governance Light' mode until the Board review this status at the end of May.

The Committee	
----------------------	--

- | | |
|--|--|
| <ul style="list-style-type: none"> – APPROVED the Work Plan. | |
|--|--|

6 AOCB

- M Simpson raised the matter of travel warrants to cover fuel mileage for patients travelling in to Raigmore.
- The Chair noted that she had raised this matter at the recent meeting of the Board. It was suggested that there be an update on decisions relating to this in the Finance or Chief Officer's Report at the next meeting.
- J McCoy asked what the current situation is for the supply of LFTs to people visiting care homes, noting that some people are regular visitors and therefore costs could become substantial on top of the current cost of living crisis.
- L Bussell noted that she would find the latest information and have it distributed outwith the meeting if it is still the case that free test kits are available to certain categories or provide an update in the Chief Officer's Report if the situation has changed.

The information below was circulated to attendees after the meeting.

In Scotland, you can only receive free rapid lateral flow tests if you are:

- fully vaccinated and have been in close contact with someone who tested positive
- eligible to end self-isolation early so need to take tests on days 6 and 7
- eligible for COVID-19 treatments
- visiting a care home or hospital
- an unpaid carer

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-guidance-for-individuals-with-possible-coronavirus-infection/>

Kits can be ordered online at <https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests>

- On behalf of the committee the Chair expressed thanks to Cllr L Munro for her contribution to the work of the committee and wished her well for future endeavours on standing down as a councillor at the May elections.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 29th June 2022** at **1pm** on a virtual basis.

The Meeting closed at 3.20 pm